

The Status of Social Well-Being in Iranian Nurses: a Cross- Sectional Study

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ABSTRACT

Introduction: Social well-being is one of the important aspects of individual's health. However, the social aspect of health, or social well-being, has not been attended to as equally as the other aspects. Social well-being is people's perceptions and experiences in social circumstances as well as the degree of successful responses to social challenges. The aim of the study was to investigate the social well-being of a sample of Iranian nurses.

Methods: This study was a cross-sectional conducted in 2013. The study population consisted of all 1200 staff nurses working in all hospitals located in Ardabil, Iran. We invited a random sample of 281 practicing nurses to respond to the 33-item Keyes's Social Well-Being Questionnaire and the possible range of the total score is 33–165. Higher score reflect better SWB. The quantitative analysis of this study used the Statistical Package for Social Science SPSS version 13.0.

Results: The results showed that Participants' mean score of social well-being was 105.45 (15.87). Social well-being was significantly related to participants' age, gender, work experience, satisfaction with working in hospital and with income, familiarity with nursing prior to entering it, official position, and type of employment. However, there was no significant relationship between nurses' social well-being and their marital status, their parents and spouses' educational status, as well as the type of hospital.

Conclusion: Nurses' social well-being deserves special attention. Effective well-being promotion strategies should be executed for promoting their social well-being particularly in areas of social integration and social acceptance. Moreover, nurses, particularly female nurses, need strong financial, emotional, informational, and social support for ensuring their social well-being.

Introduction

Health is an abstract, complex, and multidimensional concept.¹ The WHO defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.² According to this definition, one of the aspects of health is social well-being (SWB).

Keyes³ defined SWB as people's perceptions and experiences in social

circumstances as well as the degree of successful responses to social challenges.

He proposed that SWB consists of five dimensions including:

Social integration: individual's evaluation of the quality of relationships to the society and self; social acceptance: individual's interpretation and acceptance of other people based on their character as well as the feelings of confidence and comfort in interacting with them; social contribution: individual's evaluation of his/her own social

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value as well as belief in having something valuable to share with the society; social actualization: individual's belief in the evolution of society and the possibility of progress and actualization through it; social coherence: individual's perception of the quality, organization, and the soundness of the living world.³

Based on these five dimensions, SWB is individuals' description of their perceptions and experiences of their well-being in the society as well as satisfaction with their own social structure and function.^{4,5}

Despite the emphasis of the WHO on the social aspect of health as well as the vast amount of health-related advancements and interventions, SWB has not been regarded yet as equally as other aspects of health.⁶ In a review study, Callaghan found that only a few studies have provided a theoretical basis for the concept of SWB.⁷ Keyes and Shapiro also noted that there are still considerable sociopolitical debates surrounding SWB.⁸

Similarly, in our country, Iran, SWB has been recently taken into account and has been identified as a main priority of the Iranian healthcare system.^{9,10}

According to the WHO, health is among the basic human rights. Similarly, nurses, as humans who are at the forefronts of healthcare services, have the same right.^{11,12}

In attention toward nurses' health, particularly the social aspect of health, could seriously damage their SWB, prevent the applicants of college from entering nursing, negatively affect practicing nurses' job satisfaction, increase their turnover rate, cause them to leave the profession¹³ and exacerbate the current crisis of heavy shortage of nursing staff.¹⁴ These consequences, in turn, compromise the quality of nursing care and potentially undermines public health.¹⁵⁻¹⁷

Jolaei et al., reported the poor social status of nursing and other social factors as the main reasons behind nurses' negative attitude towards the profession and their intention to leave it.¹⁶ Consequently, despite the acute

crisis of widespread unemployment and considerable employment opportunity in nursing, many young job applicants are reluctant to enter nursing, opt for leaving soon after entering it, or continue nursing practice without enough satisfaction and motivation.¹⁸

According to the World Federation of Occupational Therapists, job satisfaction and motivation—as the main components of SWB—are the fundamental rights of every employee. For that reason, employers, organizations, and societies need to provide a supportive work environment that can improve employees' abilities and give them a sense of welfare and happiness.¹⁹ Rahimian et al.,²⁰ showed that there was a significantly positive correlation between working environmental conditions, age, work hours per week, and income with psychological well-being but there was a significantly negative correlation between lack of job challenge, feeling burn out, and type of employment with psychological well-being. Job burn-out, working environmental conditions, income and work hours per week were significant precursors of psychological well-being of nurses.²⁰

These positive feelings enhance employees' health, well-being, job satisfaction, motivation, and productivity and create a balance between the goals of organization and the needs and demands of customers and workers.²¹

In spite of, the principal importance of SWB, there is limited data on Iranian nurses' SWB. We conducted this study to provide contextual knowledge regarding the social health status of Iranian nurses. Therefore, this study aimed to investigate SWB among Iranian nurses in Ardabil city.

Materials and methods

This was a descriptive and cross-sectional study conducted in 2013. The study population consisted of all 1200 clinical nurse working in the hospitals located in Ardabil,

Iran. These hospitals included four teaching hospitals, a Social security hospital, and a private hospital. The sample size was calculated by using Cochran formula. Accordingly, with a confidence interval of 0.95, a d of 0.05, and a p of 0.4, the sample size was determined to be 282. A systematic random sampling approach was used to select nurses to fill in the questionnaire. We allocated a quota to each hospital proportionate to the number of Clinical nurse working in it.

Data were collected by using a questionnaire in two parts: a demographic and the Keyes's Social Well-being Questionnaire (KSWBQ) that is a five-dimension self-administered questionnaire comprising 33 items. It is a self-report scale and dimensions of KSWBQ are social integration (seven items), social acceptance (seven items), social actualization (seven items), social contribution (six items), and social coherence (six items).³ KSWBQ items are scored on a five-point Likert scale on which 1 stands for 'Completely disagree' and 5 stands for 'Completely agree'. Accordingly, the possible range of the total score of KSWBQ is 33–165. Higher scores of the questionnaire reflect better SWB. Given the unequal numbers of items in the dimensions of KSWBQ, we calculated the means, rather than the sums, of each dimension to maintain the 1–5 metric of the item responses. Therefore, meaningful comparison of scores across the dimensions was possible.

Cicognani et al., reported a Cronbach's alpha of 0.88 for the questionnaire.²² In the current study, two nursing lecturers translated the original English version of KSWBQ into Persian. Then, we invited three nursing lecturers to assess the face and the content validity of the translated version.

Finally, we asked 30 nurses to complete the questionnaire for the purpose of reliability assessment. The Cronbach's alpha was 0.87. The quantitative analysis of this study used the Statistical Package for Social Science (SPSS) version 13.0. Kolmogorov-Smirnov

test were used to review explanation of normal data ($P > 0.05$). Accordingly, we used the independent-samples t , the one-way analysis of variance (one-way ANOVA), the repeated measures ANOVA, and the Pearson's product moment correlation tests for analyzing the study data.

Ethical approval obtained from the Ethics Committee of Tehran medical university. The samples were collected in coordination with hospital officials of Ardabil.

In addition, the below activities were done for ethical considerations: describing the objectives, obtaining informed consent, ensuring confidentiality of information.

Results

Totally, 281 nurses participated in this study, that 93.2% Bachelor degree and 74% was married.

The mean and the standard deviation of participants' age and work experience were 33.10 (5.92) year and 9.50 (6.05) year. The mean of the participants' total score of KSWBQ was 105.45 (15.87). The means and the standard deviations of the KSWBQ dimensions are shown in Table 1. The results revealed that there was a significant difference among the mean item scores of KSWBQ dimensions. Accordingly, we used the Bonferroni's correction of p value for pairwise comparisons which revealed that the mean item score of the social contribution dimension was significantly higher than the other dimensions. Moreover, the mean item scores of the social integration and the social acceptance dimensions were significantly lower than the other dimensions (Table1).

The results revealed that nurses' SWB was significantly and positively correlated with their age ($r=0.187$, $P<0.002$) and work experience ($r=0.186$, $P<0.002$). Moreover, the results showed that the mean score of male nurses' SWB was significantly higher than female nurses ($P < 0.004$; Table 2). The results illustrated that the mean SWB score of nurses who had complete satisfaction with their

income was significantly higher than both nurses with moderate satisfaction ($P < 0.001$) and nurses with complete dissatisfaction ($P < 0.002$). The results also revealed that the mean SWB score of nurses who were completely satisfied with working in hospital was significantly higher than nurses who were moderately satisfied ($P < 0.008$) and nurses who were completely dissatisfied with hospital work ($P < 0.001$). Additionally, the latter two groups also differed significantly from each other ($P < 0.013$).

The results also demonstrated that the mean SWB score of nurses who were completely familiar with nursing at the time of entering it was significantly higher than the nurses who were completely unfamiliar ($P < 0.004$). However, the difference between the mean SWB scores of nurses with complete familiarity and nurses with moderate familiarity as well as the difference between the mean SWB scores of nurses with moderate familiarity and nurses with complete unfamiliarity were not statistically significant ($P < 0.167$ and 0.070 , respectively).

Table 1. Scores of Social Well-Being dimensions

Item	Mean (SD)	Repeated measures ANOVA test
Total SWB score	105.45 (15.870)	Greenhouse- Geisser's $F = 289.73$
Social contribution	4.041 (0.041)	$P < 0.000$
Social actualization	3.396 (0.039)	
Social Coherence	3.075 (0.040)	
Social acceptance	2.819 (0.040)	
Social integration	2.751 (0.035)	

Table 2. Mean and standard deviation of SWB based on demographic characteristics

Variables	N (%)	Total SWB*	P
Gender			
Male	48 (17.1)	111.56 (15.61)	0.004 [†]
Female	233 (82.9)	104.19 (15.66)	
Official Positions			
Supervisors	21 (7.47)	118.09 (20.21)	0.000 [‡]
Head Nurses	30 (10.68)	110.96 (13.67)	
Clinical nurse	230 (81.85)	103.57 (15.05)	
Satisfaction (Income)			
Complete	41 (14.6)	114.31 (13.48)	0.000 ^{††}
Moderate	133 (47.3)	103.74 (16.09)	
None	107 (38.1)	104.17 (15.45)	
Familiar			
Complete	37 (13.17)	111.56 (17.34)	0.003 ^{††}
Moderate	162 (57.65)	106.17 (14.66)	
None	82 (29.18)	101.26 (16.56)	
Satisfaction (Work Place)			
Complete	102 (36.30)	110.90 (15.91)	0.000 ^{††}
Moderate	124 (44.13)	104.59 (14.60)	
None	55 (19.57)	97.29 (14.88)	

* Mean (SD), [†]Independent t- test, [‡]One-way ANOVA Test

The finding revealed that there was a significant difference among the mean scores of nurses who held different official

positions ($P < 0.000$, Table2). Consequently, the results of the Schiff post-hoc test showed that this difference was between the mean SWB scores of supervisors and

clinical nurses as well ahead-nurses and clinical nurses ($P < 0.000$ and $P < 0.048$, respectively). However, the difference between the mean SWB scores of supervisors and head-nurses not statistically significant ($P < 0.266$).

The mean score of SWB in nurses who secured formal lifelong employment was significantly higher than nurses with other types of employment ($P < 0.05$).

Discussion

The aim of the study was to investigate SWB among Iranian nurses working in hospital. The mean SWB score of the nurses was 105.45 (15.87). Key-Roberts found that students' mean SWB score was 160.64 (23.67). This difference between the mean SWB score of the two studies is due to the fact that Key-Roberts used a seven-point scale for scoring the KSWBQ items. If we recalculate the score reported by Key-Roberts by using a five-point scale, the score will be 114.74.⁴ The new score is also slightly higher than our participating nurses' mean SWB score. This difference can be attributed to the difference between the difficulties and the conditions of student' life and nurses' working life.

We also found that male nurses mean SWB score was significantly higher than female nurses. This finding is in consisting with Key-Roberts⁴ study.

In a meta-analysis study, Purvanova and Muros also found that compared with men, women are more at risk for burnout-related health problems.²³ On the other hand, it has been shown that burnout has a significant effect on different aspects of health.²⁴ Accordingly, female nurses' lower SWB score is probably due to the more powerful effects of burnout on women's health.²⁵

The findings of this study revealed that nurses' mean SWB score was significantly correlated with their age and work experience. Arafa et al., and Van Lente et

al., also found that age was a significant negative predictor of mental health.^{26,27}

Khaghanizadeh et al., reported that mental health problems are more common in the first decade of nurses' working life.²⁸ They reported a significant correlation between nurses' mental health status and their work experience. The significant correlation of SWB with age and work experience is probably due to the fact that older people usually have more working and real-world experiences and better cognitive, coping, and social skills and hence, are able to protect their health more effectively.

The results also indicated that there was a significant relationship between SWB and satisfaction with income. This is in line with the findings of Key-Roberts⁴ and Ferrer et al., also highlighted the importance of income to people's welfare and happiness. They found that happiness and well-being were significantly correlated with income and perceived income equality.²⁹ Other studies also reported that income level significantly affected psychosocial well-being.^{27, 30-32}

The findings of this study revealed that nurses' SWB was significantly related to their satisfaction with working in hospital. Adults spend much of their time for working. Accordingly, work environment is an important aspect of people's life that significantly affects their job satisfaction and welfare.^{31,33} Harter et al., noted that satisfaction with work accounts for about 25% of the total variance of overall satisfaction with life.³⁴ Schulz and Northridge also highlighted the impacts of environment, environmental stress, and social inequality on health and satisfaction.³⁵

Given the world serious nursing staff shortages as well as the effect of nursing staffs' job satisfaction on patient satisfaction, work environment assumes an increasing importance.¹³ Vahey et al., reported that environmental factors such as

good staffing ratio, effective intra-professional relationships, and adequate support from managers significantly decrease nurses' burnout and increase patient satisfaction.³⁶

The results obtained in this Study also demonstrated that a significant relationship between nurses' SWB and their familiarity with nursing at the time of entering it. Generally, informed career choice is associated with more positive feelings, healthier interpersonal relationships, greater work-related happiness, pleasure, and productivity, and stronger loyalty towards costumers and organization.³⁴

There was also a significant relationship between nurses' SWB and their official position and the type of employment. We found that supervisors and nurses who secured formal lifelong employment had higher SWB score. These findings imply that nurses who have greater job security have better SWB. Other studies also reported that official position and job security positively contribute to psychosocial aspects of employees' health.^{37,38} Conversely; employees who are more worried about their social support and working condition are more at risk for developing health problems.³⁹

The findings of present study showed that our participants' SWB was not significantly related to the type of hospital. This finding contradicts the findings of a study conducted by Arafa *et al.*²⁶ This contradiction can be attributed to the difference in the settings and cultural backgrounds of the two studies. Finally, we found no significant relationship between our participating nurses' SWB and their marital status. Arafa *et al.*, and Shapiro and Keyes also reported the same finding.^{26,32}

Conclusion

The findings of this study indicated that nurses' mean SWB score is much lower than the maximum possible score (i.e. 165),

implying that their SWB deserves special attention.

Consequently, effective well-being promotion strategies should be developed and implemented for improving nurses' SWB particularly in areas of social integration and social acceptance. Moreover, given the significant correlation of SWB with income, work environment, prior knowledge of nursing before entering it, and perceived job security, providing nurses—particularly female nurses—with strong financial, emotional, informational, and social support may help improve their SWB.

In this study, we had a tight budget and limited time. Accordingly, we conducted the study only in one city. Therefore, the study findings might have limited generalizability.

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Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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